

2013 Summer Day Camp
Camper Info Sheet
(Please fill out a sheet for each child)

Name: _____ Guardian's Name: _____

Address: _____

Primary Contact Name: _____ Phone: _____
Phone: _____

Secondary Contact Name: _____ Phone: _____
Phone: _____

Emergency Contact: _____ Phone: _____

Please list any accommodations that we may need to make for your child to enjoy camp to the fullest

What is your child's swimming ability? (Please check one)

- ☐ Beginner – Unfamiliar with the water. Will need careful supervision in the pool.
- ☐ Intermediate – Comfortable in shallow water. May need assistance in deeper water.
- ☐ Advanced – Comfortable in shallow or deep water.

Please use the entries below to identify any persons who may or may not be granted permission by you to pick up your child(ren) from Camp.

This person IS / IS NOT allowed to pick up my child(ren).

Name: _____ Relationship: _____ Phone: _____

This person IS / IS NOT allowed to pick up my child(ren).

Name: _____ Relationship: _____ Phone: _____

This person IS / IS NOT allowed to pick up my child(ren).

Name: _____ Relationship: _____ Phone: _____

Guardian Signature

Date